



RE-INSTATEMENT APPLICATION

Fee \$152.00- RC, ES, NT

(Please print)

Fee \$182.00- Instructors

Name _____ License Number _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Email Address _____

License Type: Cosmetologist ☐ Esthetician ☐ Nail Technician ☐ Instructor ☐

Date your South Carolina license lapsed? _____

Since the date of your last renewal application, have you been charged, arrested, indicted or convicted, pled guilty of or pled nolo contendere for violation of any federal, state, or local law (other than minor traffic violation)?

YES ☐ NO ☐ (If you answer YES, you must include a full written explanation with your application and the criminal background history report from the state where the violation occurred.)

CEU REQUIREMENTS: *Please provide copies of continuing education certificates with this application. Continuing Education (CE) hours taken to reinstate your license must comply with the guidelines below.

35-23. Continuing Education Requirements; Expired Licenses.

(A) All persons licensed by the board as cosmetologists, nail technicians and estheticians must show satisfactory evidence of twelve (12) contact hours of instruction during the preceding licensing year. At least three (3) hours of instruction shall be in sanitation or health and safety for clients.

(C) **Expired License.** Any license expired for up to three (3) years may be reinstated if the applicant pays the reinstatement fee and submits proof to the board of completion of continuing education requirements for renewal.

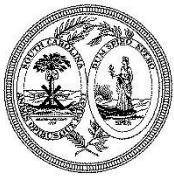
(1) After three (3) years, the license is no longer renewable by payment of fees.

(2) After three (3) years expiration of a license, the full examination must be repeated (**practical and theory**). The license will then be considered on the same basis as a newly licensed individual.

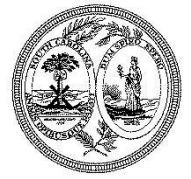
(D) **Instructor License**--All persons licensed by the Board as instructors must show satisfactory evidence of twelve (12) contact hours of instruction geared toward teaching during the preceding licensing year.

I have carefully read all questions on this re-instatement application and have answered truthfully, accurately and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license and rejection of this application or delaying processing.

Signature _____ Date _____



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION



VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____

(Print clearly First, Middle, and Last name)

(Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____

I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents. Provide copies of the front and back.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)